

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 28 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Mark FormbyAddress 423 N. MAIN St.Telephone 601-916-8596 Fax 601-799-4386Contact Name _____ Email mark@markformby.comOffice Sought House - 108 Political Party GOP
☐ Check here if above is different from previous report
TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|---------------------------------|--------------|-----------------------|
| Total amount of contributions | \$ 7492.20 ⁺ 0 | \$ 7492.20 | \$ 7492.20 |
| Total amount of disbursements | \$ 5049.23 ⁺ 1466.55 | \$ 6516.28 | \$ 6516.28 |
| Total amount of cash on hand | | \$ 31,005.92 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mark Formby
Signature of Candidate

Jan 27, 2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 134, Jackson, MS 39205 or fax to 601-359-1489 or 601-578-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee MARK FORMBY
 Reporting period JAN-10 through DEC 10

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name <u>Ted Musgrove</u> | <u>8/13/10</u> | \$ <u>500.00</u> |
| Mailing Address <u> Hwy 11</u> | <u>8/27/10</u> | \$ <u>500.00</u> |
| City, State, Zip Code <u>Picayune, MS</u> | <u> </u> | \$ |
| Name of Employer (Required) <u>MAE PAC</u> | <u> </u> | \$ |
| Occupation (Required) <u>INSURANCE AGENT</u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>CHARLES LEA</u> | <u>10/11/10</u> | \$ <u>250.00</u> |
| Mailing Address <u>P.O. Box 13793</u> | <u> </u> | \$ |
| City, State, Zip Code <u>416 BRADY CIRCLE</u> | <u> </u> | \$ |
| <u>JACKSON, MS 39236</u> | <u> </u> | \$ |
| Name of Employer (Required) <u>Community Financial Services</u> | <u> </u> | \$ |
| Occupation (Required) <u>Gov. Affairs</u> | Aggregate year-to-date | \$ <u>250.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Lofton Cox</u> | <u>8/23/10</u> | \$ <u>200.00</u> |
| Mailing Address <u>P.O. Box 4679</u> | <u> </u> | \$ |
| City, State, Zip Code <u>Pleasant Gulfport, MS 39502</u> | <u> </u> | \$ |
| Name of Employer (Required) <u>MS Power</u> | <u> </u> | \$ |
| Occupation (Required) <u>Gov Affairs</u> | Aggregate year-to-date | \$ <u>200.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Randy Russell</u> | <u>8/6/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>175 East Capitol St</u> | <u> </u> | \$ |
| City, State, Zip Code <u>Jackson, MS 39201</u> | <u> </u> | \$ |
| Name of Employer (Required) <u>AT&T - PAC</u> | <u> </u> | \$ |
| Occupation (Required) <u>Gov Affairs</u> | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee MARK Formby
Reporting period Jan 10 through Dec. 2010

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>CRAIG Martin</u> | | <u>8/17/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>2630 Ridgewood Rd</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>JACKSON, MS 39216</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>MS DENTAL PAC</u> | | <u>1/1/</u> | \$ |
| Occupation (Required) <u>CHAIRMAN / DENTIST</u> | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Steve Rendro</u> | | <u>8/20/10</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>250 Industrial Road</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>PASCOGOLA, MS 39581</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>CHEVRON</u> | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1,000.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>CHARLES LEA</u> | | <u>7/13/10</u> | \$ <u>250.00</u> |
| Mailing Address <u>PO Box 13793</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>JACKSON, MS 39236</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>ELI LILY</u> | | <u>1/1/</u> | \$ |
| Occupation (Required) <u>Gov Affairs</u> | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Ted Musgrove</u> | | <u>8/27/10</u> | \$ |
| Mailing Address <u> Hwy 11</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>PICOYUNE, MS 39466</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>MAE-PAC- STATE FARM</u> | | <u>1/1/</u> | \$ |
| Occupation (Required) <u>INSURER</u> | | Aggregate year-to-date | \$ |

Name of Candidate or Committee MARK Formby
Reporting period Jan 2010 through DEC 2010

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|--------------------------|--|
| Full name <u>Beth CLAY</u> | <u>8/25/10</u> | \$ <u>500.00</u> | |
| Mailing Address <u>625 N. STATE ST</u> | <u>1/1/</u> | \$ | |
| City, State, Zip Code <u>Jackson, MS 39205</u> | <u>1/1/</u> | \$ | |
| Name of Employer (Required) <u>Anhausen Busch</u> | <u>1/1/</u> | \$ | |
| Occupation (Required) <u>Gov. Affairs</u> | Aggregate year-to-date | \$ <u>500.00</u> | |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Jeff Copensky</u> | <u>10/12/10</u> | \$ <u>500.00</u> | |
| Mailing Address <u>P.O. Box 2519</u> | <u>1/1/</u> | \$ | |
| City, State, Zip Code <u>Houston, TX 77552</u> | <u>1/1/</u> | \$ | |
| Name of Employer (Required) <u>EXXON MOBILE</u> | <u>1/1/</u> | \$ | |
| Occupation (Required) <u>Exxon Mobile</u> | Aggregate year-to-date | \$ <u>500.00</u> | |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Ron Aldridge</u> | <u>1/1/</u> | \$ | |
| Mailing Address <u>3000 B North State St</u> | <u>1/1/</u> | \$ | |
| City, State, Zip Code <u>Jackson, MS 39216</u> | <u>1/1/</u> | \$ | |
| Name of Employer (Required) <u>CLEAN</u> | <u>1/1/</u> | \$ | |
| Occupation (Required) <u>Committee for Environment</u> | Aggregate year-to-date | \$ <u>200.00</u> | |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Joe Volventon</u> | <u>10/12/10</u> | \$ <u>250.00</u> | |
| Mailing Address <u>113 Green Oaks</u> | <u>1/1/</u> | \$ | |
| City, State, Zip Code <u>Clinton, MS 39056</u> | <u>1/1/</u> | \$ | |
| Name of Employer (Required) <u>BNSF Rail Road</u> | <u>1/1/</u> | \$ | |
| Occupation (Required) | Aggregate year-to-date | \$ <u>250.00</u> | |

Name of Candidate or Committee _____
 Reporting period _____ through _____

ITEMIZED RECEIPTS

| | | | |
|---|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>ASSOCIATION</u> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | <u>7/12/10</u> | \$ <u>1,142.20</u> |
| Mailing Address | | <u>1/1/</u> | \$ |
| City, State, Zip Code | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1,142.20</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | <u>1/1/</u> | \$ |
| Mailing Address | | <u>1/1/</u> | \$ |
| City, State, Zip Code | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ <u>1</u> |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1200.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | <u>1/1/</u> | \$ |
| Mailing Address | | <u>1/1/</u> | \$ |
| City, State, Zip Code | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | <u>1/1/</u> | \$ |
| Mailing Address | | <u>1/1/</u> | \$ |
| City, State, Zip Code | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee Mark Farmlby
 Reporting period JAN 2010 through DEC 2010

ITEMIZED DISBURSEMENTS

| | | |
|--|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Nejam Properties</u> | <u>2/15/10</u> | \$ |
| Mailing Address | | |
| <u>Morning Side Drive</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code | | |
| <u>Jackson, MS</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>1958.00</u> |
| <u>Session Rent - Jan/Feb</u> | | |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Picayune Chamber of Commerce</u> | <u>6/9/10</u> | \$ |
| Mailing Address | | |
| <u>Hwy 11</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code | | |
| <u>Picayune, MS 39466</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>300.00</u> |
| <u>Donation</u> | | |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Pallazzo for Congress</u> | <u>10/24/10</u> | \$ |
| Mailing Address | | |
| <u>1/1/10</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code | | |
| <u>Gulfport, MS</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>500.00</u> |
| <u>Donation</u> | | |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>America Delta Airlines</u> | <u>1/1/10</u> | \$ |
| Mailing Address | | |
| <u>1/1/10</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>441.73</u> |
| <u>ALEC Airfare - REIMBURSED!</u> | | |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Nejam Properties</u> | <u>6/18/10</u> | \$ |
| Mailing Address | | |
| <u>Nejam Properties - Morning Side Drive</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code | | |
| <u>Jackson, MS</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>1850.00</u> |
| <u>Rent</u> | | |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>1/1/10</u> | \$ |
| Mailing Address | | |
| <u>1/1/10</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |